



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Mental Health, Retardation and Hospitals  
DIVISION OF BEHAVIORAL HEALTHCARE SERVICES  
14 Harrington Road - Barry Hall  
Cranston, Rhode Island 02920-3080  
Phone: (401) 462-4680 Fax: (401) 462-6078

**APPLICATION FOR THE CERTIFICATION OF ALCOHOL SERVER TRAINING PROGRAMS**

**Part I. Applicant Information.** Identify if the applicant is an individual, partnership or corporation)

Date: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Name of Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
State Incorporated and Date of Incorporation: \_\_\_\_\_

**Part II. Program Proposal Check List.** Your application must include all of the following:

- ✓ Copy of the proposed curriculum
- ✓ Copy of all audio, video, and instructional materials to be used in the program
- ✓ Copy of all printed materials that will be disseminated to program participants
- ✓ Copy of the written examination materials to be administered in the program
- ✓ Written description of testing and grading procedures and methods for safeguarding test integrity
- ✓ Sample of certification permit

To the best of my knowledge, all information contained herin is correct and complete. I further declare my authority and responsibility to submit this application.

Signature of Applicant: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this application to:

Prevention and Planning Unit  
Division of Behavioral Healthcare Services  
RI Department of Department of Mental Health, Retardation and Hospitals  
Room 325, Barry Hall  
14 Harrington Road  
Cranston, RI 02920

08/22/05